



SRMUN Charlotte

March 26-28, 2021

*Unity: Coming Together to
Address a Changing World*

Draft Resolution 1-2

Committee: World Health Organization Executive Board
Subject: Addressing Mental Health Needs of Populations in Crisis

The World Health Organization Executive Board,

Acknowledging the UN's call for international cooperation in Resolution A/RES/74/270 led to successes at an international level in combating the Coronavirus, such as the development of the coronavirus vaccine by German and American companies, BioNTech and Pfizer, respectively,

Having considered the World Bank's initiative in providing resources to improve mental health care for resource-limited countries such as in the Horn of Africa where a funded project supported counseling services for Somali women and children impacted by gender-based and sexual violence as part of a primary care package offered in refugee camps in Kenya and Ethiopia,

Taking note of resolution WHA65.5 and Sustainable Development Goal (SDG) 3 that have led to improvements in addressing global mental health needs but lack quantifiable solutions,

Keeping in mind the Convention on the Rights of Persons with Disabilities (CRPD), the first legally-binding, international human rights agreement outlining a framework for addressing future mental health issues on a global level,

Alarmed by the increase in stigmatization of mental health globally and the need for further international recognition, coordination and resources by member states as noted in the WHO Special Initiative for Mental Health,

1. *Supports* the implementation of an international tele-health platform, modeled after BetterHelp and the Mental Health & Psychosocial Support Network, which will consist of mental health professionals trained to educate vulnerable populations in countries in crisis which don't have access to internet by:
 - a. Collecting and sharing survey data about population demographics to better serve community's needs,
 - b. Offering government benefits for those working for the WHO tele-health network, and,
 - c. Setting up community contact points specifically for this tele-health platform in areas where people do not have access to technology equipment, WiFi, and electricity in order to deliver:
 - i. Group therapy sessions, and,

- ii. Education on the importance of mental health and the resources that will be available to them;
2. *Calls upon* Member States to incentivize students pursuing an education in the mental health field and working in areas of crisis with the hope of increasing in-person care by:
 - a. Endorsing subsidies, such as grants, to incentivize people to train to become mental health advocates and professionals that can then help citizens of their Member States, and,
 - b. Endorsing loan forgiveness up to \$120,000 (up to \$40,000 a year for three years) for mental health professionals from Member States who devote 3 years of their life working in a Health Professional Shortage Area, modeled after The National Health Service Corps Students to Service Loan Repayment Program;
3. *Invites* Member States to treat mental health with the same urgency as physical health by requiring mental health education in schools and workplaces, such as teaching crisis recognition for situations including suicidal ideation and panic attacks;
4. *Promoting* access to virtual mental healthcare for isolated individuals and populations in crisis or those in conflict regions and rural areas by utilizing social media, flyers, billboards, and word-of-mouth campaigns to spread messaging raising awareness about mental health and the resources available;
5. *Requests* the funding for these initiatives through the World Bank and Mental Health Gap Action Programme; and,
6. *Invites* Member States to include crisis assessments into first aid training to help determine self-harm risk and needed resources from mental health professionals.